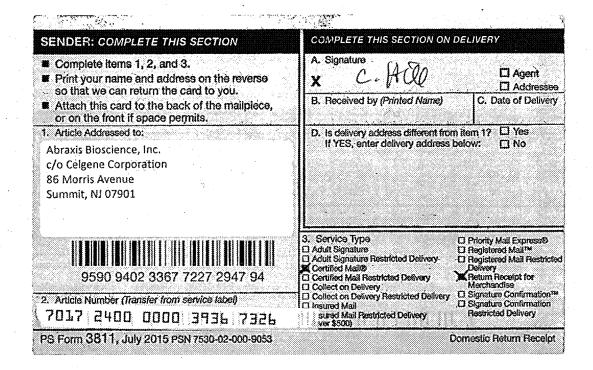
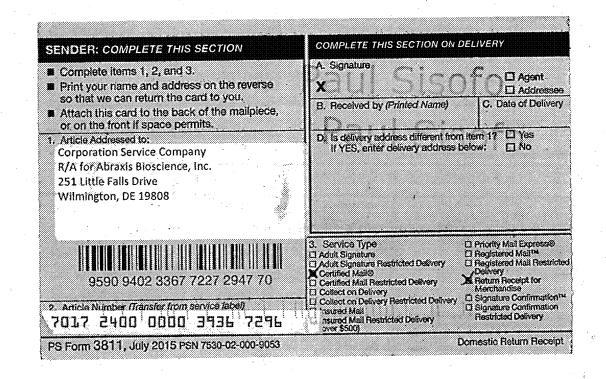
## CERTIFICATE OF SERVICE

CERTIFICATE OF SERVICE		
	(name), certify that service of this summons and a copy of	
the complaint was made February 4, 2022	(date) by:	
Mail service: Regular, first class United States m Abraxis Bioscience, Inc. 2318 Momentum Place Chicago, IL 60689-5323	nail, postage fully pre-paid, addressed to:	
Abraxis Bioscience, Inc. Sandra Leung, EVP, General Counsel 2318 Momentum Place Chicago, IL 60689-5323		
Phillip J. Gross, Esq. Lowenstein Sandler LLP One Lowenstein Drive Roseland, NJ 07068		
Certified Mail Service: By sending the process by the defendant at: Abraxis Bioscience, Inc. c/o Celgene Inc. 6755 Mississauga Road, Suite 600 Mississauga, Ontario L5N 7Y2 Canada	certified mail addressed to the following entities/officers/registered agents of	
Abraxis Bioscience, Inc. c/o Celgene Corporation 86 Morris Avenue Summit, NJ 07901		
Abraxis Bioscience, Inc. c/o Bristol Myers Squibb Corp Headqtrs 430 E. 29th Street, 14th Floor New York, NY 10016		
Corporation Service Company R/A for Abraxis Bioscience, Inc. 251 Little Falls Drive Wilmington, DE 19808 I further certify that I am, and at all to of age and not a party to the matter concerns	times during the service of process was, not less than 18 years ing which service of process was made.	
Under penalty of perjury, I declare the	hat the foregoing is true and correct.	
Date <u>February 4, 2022</u> Signature	/s/ Gini L. Downing	
Print Name:	Gini L. Downing Pachulski Stang Ziehl & Jones LLP 10100 Santa Monica Blvd. 13 <sup>th</sup> Floor	

Business Address:

Los Angeles, CA 90067





	f .
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to: Abraxis Bioscience, Inc. c/o Bristol Myers Squibb Corp Headqtrs 430 E. 29th Street, 14th Floor New York, NY 10016	D. Is delivery address of ferent from item 1?
9590 9402 3367 7227 2947 87  2. Article Number (Transfer from service label)	3. Service Type  ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Restricted Delivery ☐ Signature Confirmation ☐ Restricted Delivery
7017 2400 0000 3936 730d	(over \$500)  Domestic Return Receipt